

FY_____ Contractor Name:

Amendment #, If Applicable:

If Federal Funds, CFDA #:

PURCHASE OF SERVICE
ATTACHMENT 4: RATE CALCULATION/MAXIMUM OBLIGATION CALCULATION PAGE

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|----------------------|----------------------|--------------------|---------------------|--------------------|
| Program Name: | Document ID#: | MMARS Code: | Program Type | UFR Prog. # |
|----------------------|----------------------|--------------------|---------------------|--------------------|

AMENDMENT #, IF APPLICABLE:

UNIT RATE CALCULATION

1. Program Total Costs \$_____
- 2a. Program Offsets:
- | <u>Source</u> | <u>Amount</u> |
|---------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
- 2b. Offsets for Non-Reimbursable Costs: _____
- Note: Total non-reimbursable costs listed in line 2b must be detailed on Attachment 5.
2. Subtotal Offsets (Line 2a + Line 2b) (\$_____)
3. Net Adjusted Program Costs (LINE 1 minus LINE 2) \$_____
4. Total Program Capacity _____ (# of units) _____ (Type of unit)
5. Share of Total Capacity Purchased by Contract _____ (# of units) _____ % (% of line 4)
6. Negotiated Utilization Factor, if any _____ %
7. Adjusted Capacity Used to Establish Price (LINE 4 x LINE 6) _____ (# of units)
8. Unit Rate (LINE 3 DIVIDED BY LINE 7) _____
9. Maximum # of Billable Units (LINE 5 x LINE 6) _____

OTHER PRICE CALCULATION METHOD

10. Enter relevant information: _____

MAXIMUM OBLIGATION CALCULATION

11. For Unit Rate: Line 8 X Line 9
 For Other Price Calculation Method, Enter Obligation From Line 10
 For Cost Reimbursement: Enter Reimbursable Cost Total From Program Budget \$_____
12. Invoice Offset
- | <u>SOURCE</u> | <u>AMOUNT</u> |
|---------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
12. Subtotal: (\$_____)
13. Maximum Obligation for the Program (LINE 11 minus LINE 12) \$_____
14. Capital Budget (from Capital Budget Form), if applicable \$_____
15. **Total Maximum Obligation for Program** (LINE 13 + LINE 14) \$_____

FOR INFORMATION ONLY:

Other Revenue Sources (Only if % in LINE 5 is less than 100%)

SOURCE**AMOUNT**

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| | |

3/14/97